Business Plan

2017–2018

Department of Health
and Wellness

NOVA SCOTIA

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Budget 2017–2018: Business Plans

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Health and Wellness Business Plan 2017/18

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Health and Wellness Business Plan 2017/18

Message from the Minster

Healthcare in Nova Scotia is changing.

Since consolidating the former district health authorities, we know the future of healthcare is about taking advantage of new and innovative opportunities to expand, enhance and advance the health and wellness of our province. In some cases, putting healthcare back in to the hands of patients.

Innovation will be an important theme throughout the 2017-2018 Business Plan. We have identified collaborative primary care, positive mental health, and continuing care and supports as priorities, as we continue our journey to improve health, provide better care and manage costs.

To continue providing a high performing healthcare system in the year ahead, we will enhance access to primary and collaborative care teams across the province, by investing in a community-based model of care. We know only a small percentage of a person's health status is tied to health programs or services, whereas, much of what contributes to positive health outcomes is within our physical and social environments.

We will continue to support the mental health needs of Nova Scotians by focusing on positive mental health. Positive mental health identifies and addresses the root causes and risk factors that contribute to poor mental health. We will work collaboratively in this area with other government departments, and our partners in the Nova Scotia Health Authority and the IWK.

When we support innovation in healthcare, we help Nova Scotians stay in their homes longer, bring the care they need closer to their communities, and give them greater control of their health information. We know that Nova Scotians want to stay in their homes as long as possible. This includes transitioning back into the community from acute care settings. The Special Patient Program is one example of how we are supporting seniors to return home by having paramedics provide palliative care in the home.

We are also giving Nova Scotians greater access to their health information. MyHealthNS is a new, web-based tool, where doctors and patients once signed-up, can send and receive test results online, and manage other aspects of their personal health.

The health and wellness of our province is of the greatest importance. We have much to achieve in 2017-2018, but I am confident that with our dedicated health care professionals on the frontlines and a new focus for our health system, we will achieve many advances in the coming year.

Original signed by
Honourable Leo A. Glavine, Minister of Health and Wellness

Health and Wellness Business Plan 2017/18

Section 1- Mandate:

The health and wellness system includes the delivery of health care as well as the prevention of disease and injury and the promotion of health and healthy living. The *Health Authorities Act* clearly establishes new roles and responsibilities of the Department, the Nova Scotia Health Authority (NSHA) and the Izaak Walton Killam Health Centre (IWK).

The Department is responsible for:

- providing leadership for the health system by setting the strategic policy direction, priorities and standards for the health system;
- ensuring appropriate access to quality care through the establishment of public funding for health services that are of high value to the population; and
- ensuring accountability for funding and for the measuring and monitoring of health-system performance.

NSHA & IWK are responsible for:

- governing, managing and providing health services* in the Province and implementing the strategic direction set by the department; and
- Engaging with the communities they serve, through the community health boards.

***Health Services** are defined in the Act as "services related to the prevention of illness or injury, the promotion or maintenance of health or the care and treatment of sick, infirm or injured persons, and includes services provided in the Province through hospitals and other health-care institutions, public-health services, addiction services, emergency services, mental-health services, home-care services, long-term care services, primary-care services and such other services as may be prescribed by the regulations"

Healthy, safe, vibrant communities are vital to the success of Nova Scotia. We know that to create healthy, safe, vibrant communities, we need to effectively connect our various social services including for example, health, education, community services and justice. The Department of Health and Wellness and our partners, including NSHA and IWK, recognize the need to think of our health system in this broader context.

We need to shift away from care models based on hospitals and facilities, towards a model revolving around care and supports available in the community and close to home. A model that connects health services with other social services. A model that enables and supports self-care.

We also need to move away from provider centered approach towards a more person focused approach to care. People and users need to become the focal point around which care and services revolve, with providers coordinating their efforts to better meet needs. This means ensuring our systems incent providers working collaboratively and to optimal scopes of practice.

Section 2- 2017-18 Department Initiatives

The Department of Health and Wellness has three key priorities for 2017-18. These are:

- Collaborative Primary Care
- Positive Mental Health
- Continuing Care

Collaborative Primary Care

The Department of Health and Wellness needs to improve access to primary care in the province. In Canada, our health systems were built upon the *Canada Health Act* which required that Canadians have publicly provided access to hospitals and physicians. While these important elements were appropriate to focus on at that time, our populations are now more complex and have different healthcare needs.

Evidence shows that only 25% of a person's health status is related to the health programs and services provided to them.[1] The majority of what contributes to our health is outside of the health system. This includes: our environment, income, housing and food security. This means that the majority of what impacts our health status is not access to hospitals and physicians. To have the greatest impact, Nova Scotians need access to a social worker or community mental health support and employment and nutrition counseling and supports.

This shift in our healthcare system, requires investment in community based models of care that are well connected with other social services. In 2017-18, Health and Wellness will continue its efforts with the Nova Scotia Health Authority to enhance access to primary care in the province by investing $6 million to establish and strengthen a collaborative approach to primary care.

Collaborative care is a different way of healthcare providers working together to meet the needs of their populations. It involves nurse practitioners, registered nurses, family practice nurses, dieticians, social workers, physicians, paramedics and others working in an integrated way with the needs of the patient at the centre of their work. The combinations of providers within each team is determined based on the needs of the community.

Improving access to collaborative teams will provide Nova Scotians with more systematic, comprehensive care. Collaborative teams will allow for same day/next day service, by connecting patients with the right providers. And collaborative care will provide care needed for patients with complex needs in a more patient-oriented way.

[1] http://www.parl.gc.ca/content/sen/committee/371/soci/rep/repintsep01part5-e.htm

Positive Mental Health

Positive Mental Health is a state of well-being that allows us to "feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face"[2]. The root causes and risk factors for poor mental health are the same or similar causes and risk factors for many chronic diseases, such as diabetes, cancer, cardiovascular disease and respiratory diseases. They include, but are not limited to, education, housing, food insecurity, tobacco and alcohol use and physical activity.

In 2017/18, the Department of Health and Wellness will work with the Nova Scotia Health Authority (NSHA) and IWK to improve access to mental health services in the community as well as in the health system. The Department will invest over $3.2 million to create a central intake approach, enhance community based supports for mental health and expand available crisis services.

In the community, the Department is working with other social services, such as Education and Early Childhood Development, Community Services, Justice and others, to address some of the root causes of mental health issues. The Department will work with the Department of Education and Early Childhood Development to improve access to mental health clinicians in schools to address the complex needs of children in our schools. These clinicians will improve access to supports, counselling and referrals for specialty services.

In our health system, the Department will work with the NSHA and IWK to improve wait times for specialty services, by investing in collaborative primary care. Regular contact with a collaborative primary care team can help prevent, moderate and improve mental and physical health conditions. Collaborative and integrated care provides patients with a broader range of services and shorter wait times, increases the capacity to identify, treat and manage mental illness and can also reduce emergency room visits.

Continuing Care

Continuing Care Services are provided to eligible people who need care outside of the hospital in their home and community or in long-term care (residential care facilities and nursing homes). Providing these services is a commitment of over 160 service providers, Department and NSHA working together in the best interest of the clients and families we serve.

Nova Scotians have told us they want to stay at home for as long as possible. Home Care helps people of all ages who need assistance to maintain their optimal well-being and independence at home. It serves clients with varying degrees of short- and long-term illness or disability and support needs, including acute, chronic, and palliative needs. Services are meant to add to the help persons receive from others, such as family, friends, or community.

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[2] Public Health Agency of Canada

Nova Scotia has the one of the oldest populations in Canada. Nova Scotians are living longer and have higher rates of chronic disease than other areas of Canada. In addition, we know that system level improvements are needed to better serve infants, children and younger adults with complex illnesses and health care needs that are not easily met with current approaches. Since the last Continuing Care Strategy released in 2006, investments in home care and long-term care have increased and new programs have been implemented.

With demand for Continuing Care services growing as our population ages, we have to find better ways to deliver high quality care to Nova Scotians while ensuring our programs and services are sustainable now and into the future. The Department is in the process of developing a five year Continuing Care Strategy. The 2017 Strategy will outline Government's vision for system modernization, quality and sustainability that will serve as a strong foundation for the next five years and beyond.

In addition to continued investment in home care, in 2017/18, the Department will invest over $3 million in long term care by increasing funding for food and recreational programming in long term care facilities.

Additional Significant Items

In addition to the three main priorities, the Department will be focusing its efforts on two foundational initiatives.

QEII Health Sciences Centre Redevelopment

In collaboration with the Nova Scotia Health Authority and Departments of Transportation and Infrastructure Renewal and Internal Services, the Department has developed a plan for the redevelopment of the QEII Health Sciences Centre which will serve the patients of today and patients 50 years from now. The QEII serves all of Atlantic Canada and houses our most complicated and specialized services. The redevelopment focuses on: transferring the most complex and specialized care from the aging VG site to the Halifax Infirmary site; creating a specialized outpatient centre for specialized day surgeries and other ambulatory care; creating a community outpatient centre for services that do not need to be delivered in a hospital setting; creating additional surgical capacity in Dartmouth General and Hants Community Hospital.

One Person One Record

In collaboration with the Internal Services Department, Nova Scotia Health Authority and IWK, Health and Wellness is exploring options for a modern, integrated health information system that provides timely and accurate information for health practitioners and administrators across the health care system. This system is a vital, foundational component of the health system. In 2017/18, the Department will bring forward options to Government for consideration.

Section 3- Budget

Health and Wellness Budget 2017-18

Departmental Expenses Summary
($ thousands)

Programs and Services	2016-2017 Estimate	2016-2017 Forecast	2017-2018 Estimate
General Administration	2,425	2,027	2,138
Strategic Direction and Accountability			
Chief Medical Officer of Health	3,018	2,556	2,306
Client Service and Contract Administration	5,405	5,403	5,644
Corporate Service and Asset Management	15,772	12,277	14,255
Investment Decision Support	5,292	4,264	4,070
System Strategy and Performance	7,295	5,841	7,467
Service Delivery and Supports			
Physician Services	808,465	807,625	826,596
Pharmaceutical Services and Extended Benefits	297,793	299,444	304,805
Emergency Health Services	139,137	138,736	147,499
Continuing Care	823,276	816,613	832,990
Other Programs	170,290	171,809	175,941
Health Authorities			
Nova Scotia Health Authority	1,568,605	1,567,857	1,586,853
IWK Health Centre	212,998	214,848	215,762
Capital Grants and Healthcare Capital Amortization			
Capital Grants and Healthcare Capital Amortization	72,438	56,147	81,643
Total - Departmental Expenses	**4,132,209**	**4,105,447**	**4,207,969**
Ordinary Recoveries	114,220	121,246	122,946
Funded Staff (# of FTEs)	303.4	254.3	302.4
Department Funded Staff	297.4	249.2	296.4

Note:
For Ordinary Revenues, see Estimates and Supplementary Detail Book, Chapter 2
For TCA Purchase Requirements, see Estimates and Supplementary Detail Book, Chapter 1